



Date: August 4, 2003  
Attorney Dock t No. BOJO 8717US  
First Inv ntor: John W. Bostick  
Title: REMOTE ACTUATING DEVICE FOR PRESSURIZED DISPENSERS  
Express Mail Label No. EV 255300518 US

Mail Stop Patent Application  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450



Attached are:

- ☒ Specification (Total Pages 9)
- ☒ Claims (Total Pages 2)
- ☒ Abstract (Total Pages 1)
- ☒ Drawing(s) ☐ Informal ☒ Formal (Total Sheets 6)
- ☒ Declaration & Power of Attorney (Total Pages 1)
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (for continuation/divisional)
- ☐ Assignment Papers (cover sheet & document(s))
- ☐ Information Disclosure Statement
  - ☐ Copies of IDS citations ( references filed herewith)
- ☐ **Non-Publication Request**  
I hereby request that the attached application **not** be published under 35 U.S.C. 122(b). (if yes, be sure to fill out non-publication request form)
- ☒ Return Receipt Postcard
- ☐ Other:
- ☒ Applicant claims small entity status

#### FEE CALCULATION

|                                 | Number<br>Filed |        | Number<br>Extra | Other Than<br>A Small<br>Entity | Small<br>Entity | Basic<br>Fee |
|---------------------------------|-----------------|--------|-----------------|---------------------------------|-----------------|--------------|
| Basic Fee                       |                 |        |                 | \$750.00                        | \$375.00        | \$375.00     |
| Total Claims                    | 6               | - 20 = | 0 x             | \$ 18.00                        | \$ 9.00=        | 0.00         |
| Independent<br>Claims           | 1               | - 3 =  | 0 x             | \$ 84.00                        | \$ 42.00=       | 0.00         |
| Multiple<br>Dependent<br>Claims | 0               |        |                 | \$280.00                        | \$140.00        | 0.00         |

**TOTAL AMOUNT OF PAYMENT \$375.00**

**CUSTOMER NO.: 1688**

**METHOD OF PAYMENT** (Check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other    ☐ None

**Deposit Account:** 162201

**Deposit Account Name:** Polster, Lieder, Woodruff & Lucchesi, L.C.

**The Commissioner is authorized to:** (Check all that apply)

- ☒ Charge any additional fees
- ☐ Charge fee(s) indicated above to Deposit Account 162201
- ☒ Credit any overpayments



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